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PTO/SB/21 (08-03)

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	35	Attorney Docket Number	283-346.02
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## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (1 pg)	<input checked="" type="checkbox"/> Drawing(s) (2 pgs)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply (24 pgs)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request (1 pg)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Mailroom Postcard (1 pg); Amendment Transmittal Letter (1 pg); check in the amount of \$1,250.00
<input checked="" type="checkbox"/> Information Disclosure Statement (4 pgs)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account No. 50-0289.

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Wall Marjama & Bilinski LLP George S. Blasiak	Reg. No. 37,283
Signature		
Date	July 7, 2005	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 Express Mail No.: EV554215136US on the date shown below:

Typed or printed name	Cheryl M. Nichols		
Signature		Date	July 7, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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 <p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p><b>FEE TRANSMITTAL</b> <b>JUL 07 2005 For FY 2005</b></p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<b>Complete if Known</b>	
		Application Number	10/044,119
		Filing Date	January 11, 2002
		First Named Inventor	FITCH, Timothy R.
		Examiner Name	ALPHONSE, Fritz
		Art Unit	2133
<b>TOTAL AMOUNT OF PAYMENT</b>		Attorney Docket No.	283_346.02

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**METHOD OF PAYMENT (check all that apply)**

Check     Credit Card     Money Order     None     Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 50-0289 Deposit Account Name: Wall Marjama & Bilinski LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Charge fee(s) indicated below                            | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee                |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments | <input checked="" type="checkbox"/> Credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17 |

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
- 20 or HP =	x	=		Fee (\$)

HP= highest paid number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP=highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

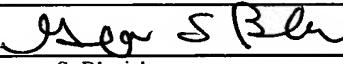
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number)	x	=

**4. OTHER FEES** 1 extra independent claim (x \$200) = \$200.00; 15 extra dependent claims (x \$50) = \$750.00; One Month Extension of Time - \$120.00; and Information Disclosure Statement - \$180.00

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_ \$1,250.00

**SUBMITTED BY**

Signature		Registration No. 37,283 (Attorney/Agent)	Telephone 315-425-9000
Name (Print/Type)	George S. Blasiak		Date July 7, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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JUL 07 2005

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 283_346.02	
Application No. 10/044,119		Filing Date January 11, 2002		Examiner ALPHONSE, Fritz	Art Unit 2133
Applicant(s): Timothy R. FITCH; Eric C. COLEMAN; Donna H. FLETCHER; James GRESKO; Garrison GOMEZ; Paul HIGGINS; Paul KLOCK; David A. MANGICARO; Melvin D. MCCALL; Russ A. MESEROLL; James F. O'DONNELL; James B. ROSETTI; Joseph B. SAKAL; Thomas A. SIEGLER; George S. SMITH II; David SPERDUTI					
Invention: ERGONOMICALLY DESIGNED MULTIFUNCTIONAL TRANSACTION TERMINAL					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	53	- 38 =	15	x 50.00	750 00
Independent Claims	6	- 5 =	1	x 200.00	200 00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): One Month Extension of Time (\$120) Information Disclosure Statement (\$180)					300 00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>1,250 00</b>
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity <input type="checkbox"/> No additional fee is required for this amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 50-0289 as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
<u>George S. Blasiak</u> Signature			Dated: July 7, 2005		
<u>George S. Blasiak</u> Reg. No. 37,283 Name (Print/Type)					
Express Mail Label No. EV 554215136 US					